

PLUMBERS EXAMINATION APPLICATION

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION

PLUMBERS' EXAMINING BOARD

35 STATE HOUSE STATION

AUGUSTA, ME 04333

TEL: (207)624-8627 FAX: (207)624-8637

HEARING IMPAIRED: 1-888-577-6690

Revised: 10/2005

Office Use Only

License #: _____

Cash #: _____

4460-1446 \$ 25.00

APPLICATION

IMPORTANT: You must submit and mail **ALL MATERIALS** to the Plumbers' Examining Board together with a \$25.00 non-refundable application fee.

TYPE OF EXAMINATION

- ☐ Master
☐ Journeyman

\$25.00 Application Fee. PAYMENT OPTIONS: ☐ Check or Money Order Payable to "Treasurer State of Maine".

☐ Credit Card: MasterCard or VISA Only. Complete the following:

I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Licensing & Registration to charge my MasterCard/VISA - - Exp. Date ____/____/____ in the amount of \$25.00 (application fee). Signature: _____

NOTICE REGARDING PUBLIC INFORMATION. CONTACT

ADDRESS. This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401 et. seq. Public records must be made available to any person upon request. Information that you supply as part of this application is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website. Please indicate your contact address below to be used for mailing purposes and public notification including posting on the website.

SOCIAL SECURITY NUMBER. The following statement is made pursuant to the Privacy Act of 1974, Section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 M.R.S.A. Section 175 as authorized by the tax reform act of 1976 (42 U.S.C. Section 405(C)(2)(C)(I)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED

Name of applicant (Legal Name): _____

Contact Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

Home Telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____

Social Security Number: ____ - ____ - ____

Date of Birth: ____/____/____

Sex: ☐ Male ☐ Female

Have you ever been convicted of a crime other than a minor traffic violation? ☐Yes ☐No
If yes, please list date(s), crime(s) and submit a copy of the Judgment and Commitment and a letter from you explaining the circumstances surrounding your conviction.

Have any of your licenses ever been revoked or suspended in this or any other state?
☐Yes ☐No If yes, please state date of suspension or revocation, type of license and the licensing State. _____

Do you or have you ever held any type of plumbers license? ☐Yes ☐No

If yes, what type of license? _____ In what state? _____

License Number: _____ Date of Expiration: _____

TRAINING AND EDUCATION

Please complete this section by listing all plumbing related classes or courses you have completed, and **submit proof of completion** by diploma, certificate or transcript.

EDUCATION AND TRAINING	FROM MO. YR.	TO MO. YR.	PLUMBING RELATED COURSES COMPLETED
HIGH SCHOOL			
COLLEGE			
TRADE SCHOOL, TECHNICAL SCHOOL OR INSTITUTE			
OTHER			
ADDITIONAL COURSES			

EMPLOYMENT RECORD: Please state the day/month/year you started working for the Master Plumber and when you terminated service, or if you are presently working for that Master.

Name of Master Plumber:		
Mailing Address of Master Plumber:		
City:	State:	Zip Code:
As a TRAINEE PLUMBER from: _____ to _____		
As a JOURNEYMAN PLUMBER from: _____ to _____		

Name of Master Plumber:		
Mailing Address of Master Plumber:		
City:	State:	Zip Code:
As a TRAINEE PLUMBER from: _____ to _____		
As a JOURNEYMAN PLUMBER from: _____ to _____		

Name of Master Plumber:		
Mailing Address of Master Plumber:		
City:	State:	Zip Code:
As a TRAINEE PLUMBER from: _____ to _____		
As a JOURNEYMAN PLUMBER from: _____ to _____		

Name of Master Plumber:		
Mailing Address of Master Plumber:		
City:	State:	Zip Code:
As a TRAINEE PLUMBER from: _____ to _____		
As a JOURNEYMAN PLUMBER from: _____ to _____		

ALL HOURS ARE REQUIRED TO BE VERIFIED BY THE MASTER PLUMBER(S) ON AN AFFIDAVIT PROVIDED BY THE BOARD.

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR A LICENSE IF THE INFORMATION CONTAINED HEREIN, UPON INVESTIGATION, IS FOUND TO BE MISREPRESENTED OR FALSIFIED.

Signature of Applicant

Date

AFFIDAVIT

My Commission Expires: